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Image# 201507159000175177

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other 1	Than An Authorize	d Committee		Off	iice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PR		ample: If typing er the lines.	, type	12FE4M5	
ORGANIZATION FOR	R HEALTH	CARE INNOVAT	TON IN OH	IO PAC		
ADDRESS (number and street)	545 E TOW	/N ST				
Check if different than previously reported. (ACC)	COLUMBL	JS			OH 2	43215
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		S	STATE A	ZIP CODE ▲
C C00511386		3. IS THIS REPORT	× (N)		AMENI (A)	DED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Month Repor Due C	t L : 55 25 () Jui	20 (M5) 20 (M6) 20 (M7)	Aug 20 (Sep 20 (Oct 20 (I	M9) Dec 20 (M12) (Non-Election Year Only) Location Year Only)
April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (Q2) (c) 1 F Q3)	2-Day PRE-Election Report for the:	Primary (12P) Convention (12		General (12G Special (12S)	
X July 31 Mid-Year Report (Non-elective Year Only) (MY) Termination Report (TER)	on F	POST-Election Report for the:	General (30G)	D = D /	Runoff (30R)	Special (30S) in the State of
5. Covering Period 0	/ D D D D D D D D D D D D D D D D D D D	2015	through	M - M 06	/ 30 / Y	2015
I certify that I have examined to Type or Print Name of Treasure	•	· ·	owledge and be	lief it is true	e, correct and co	mplete.
Signature of Treasurer Mice	hael Dalton		[Electronically F	<i>"iled]</i> Da	ate 07	15 / 2015
NOTE: Submission of false, error	neous, or incom	nplete information may s	ubject the person	n signing thi	s Report to the pe	enalties of 2 U.S.C. §437g.
Office Use Only					F	Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

ORGANIZATION FOR HEALTHCARE INNOVATION IN OHIO PAC

2015 06 30 Report Covering the Period: 2015 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 26689.51 January 1, 2015 (b) Cash on Hand at 26689.51 Beginning of Reporting Period..... 14350.00 14350.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 41039.51 41039.51 6(a) and 6(c) for Column B)..... 6216.00 6216.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 34823.51 34823.51 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ORGANIZATION FOR HEALTHCARE INNOVATION IN OHIO PAC

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
11.	Contributions (other than loans) From: (a) Individuals/Persons Other	10000 10000				
	Than Political Committees (i) Itemized (use Schedule A)	13750.00	13750.00			
	(ii) Unitemized(iii) TOTAL (add	600.00	600.00			
	Lines 11(a)(i) and (ii)▶	14350.00	14350.00			
	(b) Political Party Committees	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14350.00	14350.00			
12.	Transfers From Affiliated/Other		0.00			
	Party Committees	0.00				
13.	All Loans Received	0.00	0.00			
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00			
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00			
	to Federal Candidates and Other Political Committees	0.00	0.00			
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00			
	(b) Levin Funds (from Schedule H5)	0.00	0.00			
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	14350.00	14350.00			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	14350.00	14350.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
(a) All	ng Expenditures: ocated Federal/Non-Federal	15.0.10100	Valendal Teal-to-Date			
(i)	tivity (from Schedule H4) Federal Share	0.00	0.00			
(.)						
(ii)		0.00	0.00			
	her Federal Operating penditures	0.00	0.00			
	tal Operating Expenditures	0.00	3.30			
	dd 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
	ers to Affiliated/Other Party		0.00			
Commi Contrib	tteesutions to	0.00	0.00			
and Ot	Candidates/Committees her Political Committees	1000.00	1000.00			
-	ndent Expenditures	0.00	0.00			
. Coordir	chedule E)					
(2 U.S. (use Sc	C. §441a(d)) chedule F)	0.00	0.00			
		0.00				
Loan R	lepayments Made	0.00	0.00			
Loans	Made	0.00	0.00			
Refund	s of Contributions To: dividuals/Persons Other					
Th	an Political Committees	0.00	0.00			
(h) D-	litical Danty Committee	0.00	0.00			
	litical Party Committeesher Political Committees	0.00	0.00			
(-)	uch as PACs)	0.00	0.00			
(d) To	tal Contribution Refunds					
` '	dd Lines 28(a), (b), and (c))	0.00	0.00			
(- (-), (-), (-),					
Other [Disbursements	5216.00	5216.00			
Federa	Election Activity (2 U.S.C. §431(20))					
. ,	ocated Federal Election Activity					
	om Schedule H6)	0.00	0.00			
(1)	Federal Share	3.00				
(ii)	"Levin" Share	0.00	0.00			
(b) Fe	deral Election Activity Paid Entirely					
(a) T	With Federal Funds	0.00	0.00			
	tal Federal Election Activity (add nes 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
.						
	isbursements (add Lines 21(c), 22, 25, 26, 27, 28(d), 29 and 30(c))	6246.00	0040.00			
20, 24,	20, 20, 21, 20(u), 28 dilu 30(c))	6216.00	6216.00			
Total F	ederal Disbursements					
	ct Line 21(a)(ii) and Line 30(a)(ii)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	200			
from Li	ne 31)	6216.00	6216.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14350.00	14350.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14350.00	14350.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	=	6	OF	18		
	(check only one)										
	[X	11a		11b		11c		12	!	
			13		14		15		16	;	17

or for commercial purposes,	other than using the	name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE ORGANIZATION		CARE INNOVATION IN OHIO F	PAC
Full Name (Last, First, M Thomas Arquilla Mailing Address 3219 Be	·		Date of Receipt
City Kettering FEC ID number of contril federal political committee Name of Employer Mercy Health	buting	State Zip Code OH 45409 C Occupation Administration	Transaction ID : SA11AI.4498 Amount of Each Receipt this Period 500.00
Receipt For: Primary G Other (specify) ▼	eneral	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, M Robert Baxter Mailing Address 4053 Cyl	·		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lima FEC ID number of contril federal political committee	-	State Zip Code OH 45806	Transaction ID : SA11AI.4518 Amount of Each Receipt this Period 750.00
Name of Employer Mercy Health Receipt For: Primary G Other (specify) ▼	ieneral	Occupation Administration Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, M Kenneth Bertka Mailing Address 8533 Ca City Holland		State Zip Code OH 43528	Date of Receipt 04 28 2015 Transaction ID : SA11AI.4519
FEC ID number of contribution federal political committee Name of Employer Mercy Health Receipt For:	0	Occupation Administration Aggregate Year-to-Date	Amount of Each Receipt this Period 500.00
Other (specify) ▼ SUBTOTAL of Receipts Th	is Page (optional)	500.00	1750.00
TOTAL This Period (last pa	age this line number o	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF	18	
	(check only one)									
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEAL	THCARE INNOVATION IN OHIO PA	AC
Full Name (Last, First, Middle Initial) Charles Butrey		Date of Receipt
Mailing Address 425 Britannia Parkway		04 28 2015
City	State Zip Code	Transaction ID : SA11AI.4514
Avon Lake	OH 44012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) 3. Barbara Dianda-Martin		Date of Receipt
Mailing Address 3217 Darlington Rd.		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.4478
Toledo	OH 43606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) C. Heath Dorion	· · · · · · · · · · · · · · · · · · ·	Date of Receipt
Mailing Address 5283 Nashua Dr		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.4488
Youngstown	OH 44515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)) >	1750.00
TOTAL This Period (last page this line number	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF	18	
	(check only one)									
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or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
/	THCARE INNOVATION IN OHIO PA	AC
Full Name (Last, First, Middle Initial) Nicholas Dreher		Date of Receipt
Mailing Address 1888 Parker Rd.		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.4480
Hinckley	OH 44233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Haysam El-Dalati	•	Date of Receipt
Mailing Address 1933 Bordeaux Way		04 28 _2015 _
City	State Zip Code	Transaction ID : SA11AI.4508
Westlake	OH 44145	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Cary Fletcher		Date of Receipt
Mailing Address 6682 Sandy Shores Dr		01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 45140	Transaction ID : SA11AI.4486
Loveland	OH 45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).		1500.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		9	OF	18		
	(check only one)										
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		13		14		15		16		17	

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEAL	THCARE INNOVATION IN OHIO P.	AC
Full Name (Last, First, Middle Initial) A. David Fogarty Mailing Address 2770 Berkshire Rd.		Date of Receipt
City Cleveland Heights FEC ID number of contributing	State Zip Code OH 44106	01 07 2015 Transaction ID : SA11AI.4476 Amount of Each Receipt this Period
federal political committee. Name of Employer	Occupation	500.00
Mercy Health Receipt For: Primary General Other (specify) ▼	Administration Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Dale Gisi Mailing Address 4441 Indian Hill Dr		Date of Receipt 06 04 2015
City Lima	State Zip Code OH 45806	Transaction ID : SA11AI.4525 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	500.00
Mercy Health Receipt For: Primary General Other (specify) ▼	Administration Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Sherrie Koenig Mailing Address 3800 Belle Terreno Way		Date of Receipt
City Canfield	State Zip Code OH 44406	01 05 2015 Transaction ID : SA11AI.4471 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mercy Health Receipt For: □ Primary □ General Other (specify) ▼	Occupation Administration Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) >	1250.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	R LINE	NU	MBER	:	PAGE	. 1	10	OF	18	
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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEAL	THCARE INNOVATION IN OHIO PA	AC
Full Name (Last, First, Middle Initial) Sherrie Koenig		Date of Receipt
Mailing Address 3800 Belle Terreno Way		01 05 2015
City	State Zip Code	Transaction ID : SA11AI.4473
Canfield	OH 44406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	750.00	
Full Name (Last, First, Middle Initial) 3. Stephanie Kopey		Date of Receipt
Mailing Address 2515 Forest Spring Dr		01 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code OH 44484	Transaction ID : SA11AI.4490
Warren	OH 44484	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Nicholas C. Kreatsoulas		Date of Receipt
Mailing Address 8647 Spring Hill Trl		06 04 2015
City	State Zip Code	Transaction ID : SA11AI.4524
Youngstown	OH 44514	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Healthcare	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	NU	MBER	:	PAGE	. 1	11	OF	18
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEAL	THCARE INNOVATION IN OHIO PA	AC
Full Name (Last, First, Middle Initial) Jamie Liebowitz		Date of Receipt
Mailing Address 10209 Tims Lake Blvd.		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.4482
Grass Lake	MI 49240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Edwin Oley		Date of Receipt
Mailing Address 2344 Stonewood St		04 28 2015
City	State Zip Code	Transaction ID : SA11AI.4512
Avon	OH 44011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	750.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Mark Rau		Date of Receipt
Mailing Address 810 S Lake St		04 28 2015
City	State Zip Code	Transaction ID : SA11AI.4516
South Amherst	OH 44001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).	>	1500.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOI	R LINE	NU	MBER	:	PAGE	 12	OF	18
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	13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEALT	HCARE INNOVATION IN OHIO PA	AC .
Full Name (Last, First, Middle Initial) 1. Peggie Ruth		Date of Receipt
Mailing Address 361 Crestview Dr		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.4496
Elyria	OH 44035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) 3. W Edward Ruth		Date of Receipt
Mailing Address 361 Crestview Dr		04 28 2015
City	State Zip Code	Transaction ID : SA11AI.4510
Elyria	OH 44035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) . Herbert Schumm		Date of Receipt
Mailing Address 3507 South Conant Road		06 04 _ 2015 _
City	State Zip Code	Transaction ID : SA11AI.4456
Spencerville	OH 45887	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line numbe	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	IE NUMBER	: PAGE	13 OF	18
(check o	nly one)			
X 11a	11b	11c	12	
13	14	15	16	17

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEAL	THCARE INNOVATION IN OHIO P.	AC
Full Name (Last, First, Middle Initial) Sonya Selhorst		Date of Receipt
Mailing Address 15020 Road Q		04 28 2015
City	State Zip Code	Transaction ID : SA11AI.4500
Columbus Grove	OH 45830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Robert Shroder		Date of Receipt
Mailing Address 9325 Bay Hill Drive, NE		01 07 2015
City	State Zip Code	Transaction ID : SA11AI.4474
Warren	OH 44484	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	1000.00
Name of Employer	Occupation	1
Mercy Health	Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Joseph Sober		Date of Receipt
Mailing Address 7536 Wind River Dr		04 28 2015
City	State Zip Code	Transaction ID : SA11AI.4504
Sylvania	OH 43560	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Mercy Health	Administration	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LI	NE NU	MBER	:	PAGE	1	14	OF	18
(check	only or	ne)						
X 11	a	11b		11c		12		
13		14		15		16		17

or for commercial purposes, other than using	g the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEA	LTHCARE INNOVATION IN OHIO P	AC
Full Name (Last, First, Middle Initial) James Stephens Mailing Address 307 Harwood St		Date of Receipt
City Elyria	State Zip Code OH 44035	04 28 2015 Transaction ID : SA11AI.4502 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00
Mercy Health Receipt For:	Administration Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Kerry Tirman Mailing Address 745 Washington St. Apt.	206	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Toledo	State Zip Code OH 43604	Transaction ID : SA11AI.4484 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mercy Health	Occupation Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Catherine Woskobnick		Date of Receipt
Mailing Address 5946 N. Mayflower Dr.		04 28 2015
City Lorain	State Zip Code OH 44053	Transaction ID : SA11AI.4506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Mercy Health	Occupation Administration	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (options	al)	1250.00
TOTAL This Period (last page this line nur	nber only)	13750.00

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 15 OF 18				
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	•			
Any information copied from such Reports and Staten or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEALTHCA	RE INNOVATION IN	N OHIO PA	/C			
Full Name (Last, First, Middle Initial) A- Renacci for Congress			Date of Disbursement			
Mailing Address PO Box 88 Wadsworth			02 20 2015			
City S	State Zip Code OH 44282		Transaction ID : SB23.4556			
Purpose of Disbursement Contribution	1.292		Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	1000.00			
	nent For: Primary General Other (specify)					
State: District: Full Name (Last, First, Middle Initial)						
3.			Date of Disbursement			
Mailing Address						
,	State Zip Code					
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For	Category/ Type				
Senate	Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial)			Date of Disbursement			
Mailing Address			M M / D D / Y Y Y Y			
City	State Zip Code					
Purpose of Disbursement			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type				
	nent For: Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)			1000.00			
TOTAL This Period (last page this line number only)			1000.00			

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		R LINE NUMBER: PAGE 16 OF 18			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22			
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or use me and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) ORGANIZATION FOR HEALTHC	ARE INNOVATION II	N OHIO PA	AC			
Full Name (Last, First, Middle Initial)			Data of Dishumanan			
A. Committee to Elect Cliff Rosenber	ger		Date of Disbursement			
Mailing Address 7027 State Route 350 West			01 27 2015			
City Clarksville	State Zip Code OH 45113		Transaction ID : SB29.4542			
Purpose of Disbursement	45115					
Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	1000.00			
Senate President	ment For: Primary General Other (specify)	7,72				
State: District:						
Full Name (Last, First, Middle Initial) B. Friends of Faber			Date of Disbursement			
Mailing Address 7706 State Route 703		01 27 2015				
City Celina	State Zip Code OH 45822		Transaction ID : SB29.4540			
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period			
Candidate Name		Category/ Type	1000.00			
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼					
Full Name (Last, First, Middle Initial) C. Friends of Ryan Smith			Date of Disbursement			
Mailing Address 63 Cedar Street			05 20 2015			
City Gallipolis	State Zip Code OH 45631		Transaction ID : SB29.4554			
Purpose of Disbursement Contribution Candidate Name		Category/	Amount of Each Disbursement this Period 500.00			
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify)	Туре				
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			2500.00			

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 17 OF 18	
ITEMIZED DISBURSEMENTS		Use separate schedule(s)	\ I -	FOR LINE NUMBER: PAGE 17 OF 18 (check only one)	
•		for each category of the Detailed Summary Page	21b	22 23 24 25 26	
		20tanos Carrinary i ago	27	28a 28b 28c X 29 30b	
	ny information copied from such Reports and Stater				
or	for commercial purposes, other than using the name	ne and address of any politi	cal committee to	solicit contributions from such committee.	
$ \setminus $	NAME OF COMMITTEE (In Full)				
/	ORGANIZATION FOR HEALTHCA	ARE INNOVATION	IN OHIO PA	AC	
<u></u>	Full Name (Last, First, Middle Initial)				
Α.	Hackett for Ohio			Date of Disbursement	
				M M / D D / Y Y Y Y	
	Mailing Address 2050 Palouse Drive			05 20 2015	
	<u>-</u>				
		State Zip Code OH 43140		Transaction ID : SB29.4550	
	London Purpose of Disbursement	OH 43140			
	Contribution			Amount of Each Disbursement this Period	
	Candidate Name		Category/		
			Type	500.00	
	Office Sought: House Disburser	ment For:			
	Senate	Primary General			
	President	Other (specify) ▼			
_	State: District:				
В.	Full Name (Last, First, Middle Initial)			Date of Disbursement	
υ.	Hackett for Ohio				
	Mailing Address 2050 Palouse Drive			06 04 2015	
	2000 F diodoc 2010				
		State Zip Code		Transaction ID : SB29.4552	
	London Rurnage of Dishurgament	OH 43140			
	Purpose of Disbursement Contribution			Amount of Each Disbursement this Period	
	Candidate Name		0.1	Amount of Each Biodusement this Feriod	
			Category/ Type	500.00	
	Office Sought: House Disburser	ment For:	71	,	
	Senate	Primary General			
	President	Other (specify) ▼			
	State: District:				
_	Full Name (Last, First, Middle Initial)			Data of Disham	
Ċ.	McTigue, McGinnis & Colombo LLo	C		Date of Disbursement	
	Mailing Address 545 E Town St			01 14 2015	
	Maining Addition 343 L TOWIT Of			0.7	
	City	State Zip Code		Transaction ID : SB29.4538	
		OH 43215		11a115aCtiOi1 ID . 3D29.4336	
	Purpose of Disbursement Legal Services				
	Candidate Name			Amount of Each Disbursement this Period	
	Candidate Name		Category/ Type	716.00	
	Office Sought: House Disburser	ment For:	туре		
	Senate	Primary General			
	President	Other (specify) ▼			
	State: District:	· 			
Г	·				
s	SUBTOTAL of Disbursements This Page (optional)		·····	1716.00	
Г					
ΙT	'OTAL This Period (last nage this line number only)	1			

SCHEDULE B (FEC Form 3X)		FOD : 1117	FOR LINE NUMBER: PAGE 18 OF 18 (check only one)	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only		
I I EINITED DISDOUSEMEN 13	for each category of the	21h	22 23 24 25 26	
	Detailed Summary Page	27	28a 28b 28c X 29 30k	
Any information copied from such Reports and Stat	ements may not be sold or a	ised by any person		
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
ORGANIZATION FOR HEALTHO	ARE INNOVATION	IN OHIO PA	AC	
/				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. McTigue, McGinnis & Colombo L	· McTigue, McGinnis & Colombo LLC			
Mailing Address 545 E Town St			02 23 2015	
Maining Address SAJ L TOWITSt			02 23 2013	
City	State Zip Code			
Columbus	OH 43215		Transaction ID : SB29.4546	
Purpose of Disbursement				
Legal Services		<u> </u>	Amount of Each Disbursement this Period	
Candidate Name		Category/	500.00	
Office Sought: House Disburs	ement For:	Type	333.50	
Office Sought: House Disburs Senate	ement For: Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
- Sprague for State Representative			Date of Disbursement	
	· 		M = M / D = D / Y = Y = Y	
Mailing Address 220 West Sandusky Street	Mailing Address 220 West Sandusky Street			
	——————————————————————————————————————			
City Findlay	State Zip Code OH 45840		Transaction ID : SB29.4548	
Purpose of Disbursement	40040			
Contribution		11 11	Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	500.00	
	ement For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C.				
Mailing Address			M = M / D = D / Y = Y = Y	
City	State Zip Code			
Dumage of Dishumanness				
Purpose of Disbursement				
Candidate Name		السيا	Amount of Each Disbursement this Period	
Caralago Hamo		Category/ Type		
Office Sought: House Disburs	ement For:	1,400		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)			1000.00	
TOTAL This Period (last page this line number only	y)		5216.00	